

WATER WELL REPORT

Start Card No. W 41441

Unique Well I.D. #

Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name ALEXANDER, JOHN Address P O BOX 1192 NORTH BEND, WA 98045

(2) LOCATION OF WELL: County KING - NE 1/4 NE 1/4 Sec 25 T 23 N., R 8 W

(2a) STREET ADDRESS OF WELL (or nearest address) 46722 SE 161 ST, NORTH BEND

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well (If more than one) Method: ROTARY

NEW WELL

(5) DIMENSIONS: Diameter of well 6 inches

Drilled 25 ft. Depth of completed well 25 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Dia. from 0 ft. to 25 ft.

WELDED " Dia. from ft. to ft.

" Dia. from ft. to ft.

Perforations: NO

Type of perforator used

SIZE of perforations in. by in.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

Screens: NO

Manufacturer's Name

Type Model No.

Diam. slot size from ft. to ft.

Diam. slot size from ft. to ft.

Gravel packed: NO

Gravel placed from ft. to ft.

Surface seal: YES To what depth? 20 ft.

Material used in seal BENTONITE CLAY

Did any strata contain unusable water? NO

Type of water? Depth of strata ft.

Method of sealing strata off N/A

(7) PUMP: Manufacturer's Name

Type N/A H.P.

(8) WATER LEVELS: Land-surface elevation

Static level 8 ft. below top of well Date 08/08/94

Artesian Pressure lbs. per square inch Date

Artesian water controlled by N/A

Work started 08/08/94 Completed 08/08/94

(9) WELL TESTS: Drawdown is amount water level is lowered below

static level.

Was a pump test made? NO If yes, by whom?

Yield: gal./min with ft. drawdown after hrs.

Recovery data

Time Water Level Time ft. Water Level Time Water Level

Date of test / /

Bailer test gal./min. ft. drawdown after hrs.

Air test 60 gal./min. w/ stem set at 25 ft. for 1 hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? NO

(10) WELL LOG

Formations: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

| MATERIAL | FROM | TO |
|------------------------------|------|----|
| TOPSOIL | 0 | 1 |
| BLUE CEMENTED SAND & GRAVEL | 1 | 12 |
| BROWN CEMENTED SAND & GRAVEL | 12 | 18 |
| WATER BEARING SAND & GRAVEL | 18 | 25 |

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME NORTHWEST PUMP & DRILLING

(Person, firm, or corporation) (Type or print)

ADDRESS 3245 MARTIN WAY SOUTH

[SIGNED] *[Signature]* License No. 0097

Contractor's

Registration No. NORTHWD13790

Date 08/18/94

B

Diagram of well number: 01311

| | = Casing () = Hole - - = Screen ! ! = Perforation

| FORMATION DESCRIPTION | DEPTH | COMMENTS |
|------------------------------|-------|-----------------------------------|
| | | Surface |
| TOPSOIL | 1 | |
| | 8 | / \ / \ / \ / \ Static Level |
| BLUE CEMENTED SAND & GRAVEL | 12 | |
| BROWN CEMENTED SAND & GRAVEL | 18 | |
| WATER BEARING SAND & GRAVEL | 25 | Completion |
| | 25 | Drilled To |

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
WATER BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

| | | | | | | | | | | | |
|---|--|---|--|--|---------------------|--|--|--|--|--|---------------------|
| DATE COLLECTED MONTH DAY YEAR 09/27/99 | | | TIME COLLECTED 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | COUNTY NAME KING | | | | | | |
| TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> INDIVIDUAL (see only 1 residence) | | IF PUBLIC SYSTEM, COMPLETE: I.D. No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | CIRCLE GROUP A B |
| | | | | | | | | | | | |

NAME OF SYSTEM

WELL - ALEXANDER

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

46704 SE 161 ST
NORTH BEND WA

TELEPHONE NO.

DAY (206) 769 6444

EVENING (206) 822-3855

SAMPLE COLLECTED BY: (Name)

JOHN ALEXANDER

SYSTEM OWNER/MGR.: (Name)

JOHN ALEXANDER

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE☐ SURFACE ☒ WELL or WELL FIELD ☐ SPRING ☐ PURCHASED or COMBINATION
INTERIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

JOHN S ALEXANDER

5124 322ND AVE SE

FALL CITY WA 98024

WASHINGTON

| | | | | |
|--|--|--|--|---|
| TYPE OF SAMPLE (check only one in this column) | | | | |
| <input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment | <input type="checkbox"/> Unfiltered (Residual) Total Free <input type="checkbox"/> Filtered | | | |
| <input checked="" type="checkbox"/> Treated or Other | | | | |
| REPEAT SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| Previous Coliform presence Lab # | | | | |
| Date of last sample | | | | |
| Date of sample taken | | | | |
| <input type="checkbox"/> RAW SOURCE WATER Source # <table border="1"><tr><td>S</td><td> </td><td> </td></tr></table> | S | | | <input type="checkbox"/> Total Coliform |
| S | | | | |
| <input checked="" type="checkbox"/> NEW CONSTRUCTION or REPAIRS | <input type="checkbox"/> Fecal Coliform | | | |
| <input type="checkbox"/> OTHER (Specify) | | | | |

REMARKS:

| | |
|---|---|
| (LAB USE ONLY) DRINKING WATER RESULTS | |
| <input type="checkbox"/> UNSATISFACTORY, Coliforms present | <input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent |
| REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent | |
| OTHER LABORATORY RESULTS | |
| TOTAL COLIFORM () /100 ml | E. COLI () /100ml |
| FECAL COLIFORM () /100 ml | PLATE COUNT () /ml |
| ANOTHER SAMPLE REQUIRED | |
| SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> | TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris |

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

| | | |
|-------------------------------|--|----------------------------|
| LAB NO. (7 DIGITS) 1504768 | DATE, TIME RECEIVED 9-27-99 10:40 | RECEIVED BY [Signature] |
| DAYS REPORTED 9-28-99 | LABORATORY SEATTLE-KING CTY PH LAB 325 NINTH AVENUE, BWC03 SEATTLE, WA 98104 (206) 731-8950 | |

REMARKS

FORM 100-1000 (REV. 1/95)